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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 9382

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/724,175 | FILING DATE<br>12/01/2003<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1614 | ATTORNEY<br>DOCKET NO.<br>2818-180 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Claudio Cavazza, Rome, ITALY;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/189,451 07/08/2002 PAT 6,696,493  
which is a DIV of 09/971,076 10/05/2001 PAT 6,429,230  
which is a CIP of 09/761,639 01/18/2001 PAT 6,335,369  
which claims benefit of 60/176,629 01/19/2000  
and claims benefit of 60/186,328 03/02/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *TS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 03/01/2004

|  |  |                              |                        |                       |                            |
|--|--|------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met<br>Verified and<br>Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>None TS</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>ITALY | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>19 | INDEPENDENT<br>CLAIMS<br>3 |
|--|--|------------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
23117  
NIXON & VANDERHYE, PC  
1100 N GLEBE ROAD  
8TH FLOOR  
ARLINGTON, VA  
22201-4714

TITLE  
Treating chronic uremic patients undergoing periodical dialysis

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1078 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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